

PROJECT PROPOSAL  
CERTIFIED PUBLIC MANAGER PROGRAM

NAME \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

PROPOSED TITLE OF YOUR PROJECT \_\_\_\_\_

What is the problem you wish to investigate? \_\_\_\_\_

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Why is this a problem? \_\_\_\_\_

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What data will you need to gather and what methods will you use to gather it? What are the sources of your data?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF THE PRECEDING INFORMATION.

Please circle the answers to the following questions about your project:

1. Does this project represent something you have a reasonable amount of control over in your current position?

A. Yes    B. No    C. Unsure

2. Has your supervisor reviewed and approved this project proposal?

A. Yes    B. No

My current E-Mail Address: \_\_\_\_\_

My current Telephone Number: \_\_\_\_\_

Submitted by:

\_\_\_\_\_

Date: \_\_\_\_\_

Approved by (OHR):

\_\_\_\_\_

Date: \_\_\_\_\_